

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 90
Registered No. 122

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Globe or Village _____
City Globe No. Gila County Hosp St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Donald Le Roy Van Leer

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. Legitimate? <u>yes</u>	6. Date of birth <u>Oct. 20, 1932</u> Month Day Year
5. No., in order of birth.				

8. **FATHER**
Full name Albert Le Roy Van Leer

9. Residence
(Usual place of abode) Globe Ariz
If non-resident, give place and state.

10. Color or race
white

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Fullerton
(State or country) Nebraska

13. Occupation
Nature of Industry clerk

14. **MOTHER**
Full maiden name Alice Lucile Winget

15. Residence
(Usual place of abode) Globe Ariz
If non-resident, give place and state.

16. Color or race
white

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) St. Thomas
(State or country) Ariz

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living (b) Born alive but now dead (c) Stillborn	21. Were precautions taken against oph- thalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:20 P. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Given name added from a supplemental report 459-1020-163
Month, day, year

Signature Chas. W. [unclear]
Physician
(Physician or midwife)

Address Box 4636 Globe, Ariz
Filed 11/7, 1932 E. E. [unclear]
Registrar

MARGIN. 2D FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.